

# HOSPITAL FAMILIARISATION PROGRAMME

**Association for the Welfare of Children in Hospital WA.**  
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## **Introduction**

Statistics reveal that a significant number of children experience hospitalisation unexpectedly. According to the Health Department of Western Australia (1997) 25,371 children were admitted through the emergency departments of Western Australian hospitals in 1995/96. Of these, 53.10% were 5 years of age or younger (cited in Jones, 1998).

Negative reactions to hospitalisation and medical interventions can have immediate and/or long lasting psychological effects. These include eating disorders, sleep disorders, interaction and relationship difficulties and erratic control of bodily functions, both during and after hospitalisation. Children may also experience tiredness, withdrawal, depression, aggression and phobias (MacCarthy, 1990; Simons, Bradshaw and Silva (cited in Battersby, 1987); Whelan and Kirkby, 1995; Wright, 1995).

To meet the needs of children who experience the trauma of unplanned hospitalisation, preventative measures have been taken by the Association for the Welfare of Children in Hospital WA (AWCH). AWCH is a voluntary organisation concerned primarily with the psychosocial well-being of hospitalised children. In 1983, AWCH developed the Hospital Familiarisation Programme (HFP) designed to prepare young healthy children for possible hospitalisation or visits to the doctor or dentist (Mathiasen and Butterworth, 1998).

## **Background**

The HFP is approved by the Education Department and supported by Princess Margaret Hospital for Children (PMH) which donated a wide range of hospital equipment for use during the sessions. Initially the HFP was conducted by an AWCH volunteer team of qualified nurses. As the demand for the HFP grew rapidly, the need to formalise and professionalise the programme was recognised. Funding was then sought from the Health Department, and a programme coordinator was employed. The videos *Be There to Care* and *Fat Cat Goes to Hospital* were produced by AWCH together with channel 7 and PMH.

In 1997, personnel employed by Alcoa Charity Help (PEACH) sponsored the production of *Joel goes to hospital* which is a picture/poster book designed to assist presenters and teachers to familiarise young children with hospitalisation. With the generous support in 1998 of the Lotteries Commission of WA, AWCH WA was able to produce an educational video titled *Let's Play Hospitals*. Furthermore, equipment was upgraded to include new items such as tympanic thermometers, dolls and wheelchairs.

Today the HFP is conducted by presenters at kindergartens, pre-primaries and years 1-3 of primary schools throughout WA. There are currently seven HFP presenters employed by AWCH WA. The qualifications of the staff include nursing, teaching or other relevant tertiary qualifications, as well as experience in working with children.

### **Philosophy**

AWCH WA believes that every child has the right to health education, including preparation for medical treatment, hospitalisation, recovery, drug education, keeping healthy, and taking care of oneself and others.

The Hospital Familiarisation Programme (HFP) emphasises the process of learning through dramatic play, which allows children to learn at an individual pace and direction. Emphasis is placed upon primary prevention and health intervention by addressing issues of health care in order to minimise fears and misconceptions about medical treatment and hospitalisation. AWCH recognises the importance of health education and of informing and supporting children to empower them to ultimately cope more positively with hospitalisation.

The HFP reinforces the Health and Drug Education Program in WA and integrates learning outcomes in other areas.

As children develop and learn at different rates and in different ways, AWCH WA endeavours to plan for groups as well as for individuals. Holding positive expectations of all children, AWCH WA encourages them to value health education and provides learning to meet individual needs, while building on existing knowledge and strengths, and developing self-confidence and interest in learning.

The HFP is inclusive of all individuals regardless of race, culture, religion, gender or disability.

Continual updating and improving the expertise and practice of the presenters is carried out through formal and informal professional development, reflecting on critiques of performance from teachers, children and colleagues, and through yearly performance appraisals.

Research to provide insight into the effectiveness of the programmes is also supported.

### **Procedure**

At the beginning of each calendar year, letters are sent to teachers of kindergartens, pre-primary centres and years 1,2 and 3 of primary schools, offering half-day and full-day sessions. Hire on a weekly basis of a medical kit is also available. The kit includes a bedpan, forceps, oxygen mask, syringes, cervical collar, IV bag and tubing, sling, uniforms, crutches, kidney bowl, splint, urine bottle, dressing tray, measuring cup, stethoscopes and x-rays.

Following the booking, a form is sent to the school together with HFP guidelines for teachers, which include information about the arrival of the presenter, a request for name tags for each child, and information on how the programme will be conducted. A Hospital play visit information sheet for parents about the aim of the HFP, the session and cost is also included.

In order to minimise fears and misconceptions about medical treatment and hospitalisation, children are introduced to common medical procedures and various items of equipment that they may encounter in a medical or hospital situation. In addition, the HFP reinforces the Health and Drug Education Program in WA, and integrates learning outcomes in other curriculum areas

(Mathiasen and Butterworth, 1998). Special variations in programmes are made to meet the developmental needs of four- to eight-year-olds.

### **Content**

The HFP consists of the following three parts.

Firstly, there is a group session where the children participate in discussions about their own hospital experiences and are shown various items of medical equipment. The presenter asks open ended questions such as: 'Why did you have to go to hospital? Who can tell me what this instrument is used for?' The names and uses of equipment items are clarified and demonstrated on children who volunteer to help. The equipment includes a nebuliser mask, x-rays, and needles - which facilitates discussion of what to do if an abandoned needle should be found (Jones, 1998).

The second component of the HFP consists of the viewing of a video in which a child is admitted to hospital and taken through the usual procedures of hospitalisation such as anaesthesia and surgery. The video viewing provides motivation for the children to act out, in the dramatic play hospital area of their centre/classroom, the video segments that they have just viewed so that they can internalise and come to terms with the various hospital procedures. In addition, early childhood professionals have the opportunity to purchase a realistic picture/poster book which depicts a child going through a typical hospitalisation experience. Teachers use the book for further reading and discussion with their children. A medical kit containing items such as crutches, syringes, uniforms, bed pans, forceps, stethoscopes, bandages and so on is also available for hire from AWCH at a nominal cost. The teachers have the opportunity to purchase disposable items such as syringes, forceps, hats and masks. This kit is eagerly sought out by centres/schools for use in dramatic play by the children in the days following the visit of the HFP presenter (Mathiasen and Butterworth, 1998).

Thirdly, free play is provided where children are given the opportunity to dress up as doctors, nurses, surgeons and ambulance drivers, while others act out being the patients. A wide range of medical equipment is supplied, as well as a large doll with which they can experiment and play. By careful observation, the presenter can identify and clarify any misconceptions the children may have about medical procedures (Jones, 1998). Furthermore, this imaginative play can provide an outlet for children who have fearful memories of hospitalisation. The value of familiarising children with medical equipment prior to hospitalisation and/or medical procedures has been supported by Siaw, Stephens and Holmes, 1986; Mather, 1984; and Gillis, 1990. In their studies, it was found that children's level of anxiety about medical situations decreased as they gained knowledge about how and where on the body the medical equipment was used. In addition, Jones (1998) found evidence to suggest that the HFP increased children's level of knowledge of medical equipment, which in turn helps minimise their anxiety in a hospital situation and thus reduces the possibility of adverse psychosocial effects.

Teachers are requested to complete an evaluation form at the end of each session. Recent feedback includes comments such as: 'It was lovely to see how much the children retain when it is hands-on'; 'Should the children ever need any of the medical procedures you covered, they will be well prepared' and 'It is usual for the school to continue the hospital theme for a few days after the presentation'. Currently, the HFP is presented mainly in the metropolitan area, but as funds become available, the intention is to extend it to rural and remote communities. Each presenter is required to complete her own evaluation of each session.

## References

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